



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**DESIGNATION OF DEPOSITORY: DIRECT DEPOSIT (SFM02)**

		PROJECT NO.	CONTRACT NO.	
<b>SECTION 1: DESIGNATION</b>		<b>SECTION 2: CERTIFICATION BY DEPOSITORY</b>		
RECIPIENT		<p>The account identified in Section 1 has been established with this bank. It is a non-interest bearing account. All necessary documentation, including a power of attorney where necessary, which will enable this bank to receive CDBG funds directly from the State of Missouri to _____ without any endorsement by the payee, has been received and is in this depository's custody.</p> <p>Account No.</p> <p>This depository's deposits are insured by _____ appropriate collateral will be pledged by this bank any time that the depositor's balance exceeds this insurance limit.</p> <p>Insurance</p> <p>Immediately upon deposit of CDBG funds, we will notify the recipient and, subsequently, provided a copy of the check and documentation of deposit. Monthly statements and copies of all checks will be provided to the recipient.</p>		
ADDRESS				
CITY	STATE			ZIP CODE
An account for the direct deposit of CDBG funds has been established at the following bank:				
BANK NAME				
ADDRESS		AUTHORIZED BANK OFFICER'S TYPED NAME		DATE
CITY		STATE	ZIP CODE	SIGNATURE OF AUTHORIZED BANK OFFICER
The account number to which all CDBG checks will be deposited is:		<b>SECTION 3: DED PROCESSING</b>		
ACCOUNT NO.				
I certify that this is a non-interest bearing account, which shall be maintained on a basis consistent with Treasury Circular 1075.		FIELD STAFF	FISCAL	
GRANTEE CHIEF EXECUTIVE'S TYPED NAME		DATE	DATE RECEIVED	DATE RECEIVED
SIGNATURE OF GRANTEE CHIEF EXECUTIVE		CDBG APPROVAL INITIALS	FISCAL APPROVAL INITIALS	
<b>NOTE: RECIPIENT SHOULD RETAIN ONE COPY AND SEND TWO SIGNED COPIES FREE OF ERASURES OR CORRECTIONS TO DED.</b>				